

CENTRON SECURITY SERVICES

Daily Security Report

11													- 7		
2036	Client Name		ATERI	018				Location					Date		
Facility Detex Clock Weapon No.	0 11	Hoister	Nightstiek	Raisco	of 1 CA	lashlight		Other	<u>2 0s u</u>		U+ICA	-4)	1 6/12/8	37	
Officers:		r—Day Shi	ft (Name)	/		Officer	-Swing SI	nitt (Nama)	e key	5-100	BOOK.		75-14 (Noa)		
Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Shitt Tennett Fe ale				GEORGE,			JOHN D			Officer-Grave Shift (Name) Dick Koleosok			
	Began	·	S(AM)AM	Ended	4 ANFPM)	Shift Began		4 AMEN	Enged		Shift	م ا		•	
Observations or actions taken	Yes	No		Explanation	1 3	Yes	No	-7 ANTON	Explanal	tion	AM-PM began Yes	No	AM-9M Ended Explanation	S (AM-)M	
Rounds or stations missed		V			•				· · · · · · · · · · · · · · · · · · ·			1	Captanation		
Unlocked doors, gates or windows		V										-			
Unlocked vaults or safes		V										1,_			
Fire-smoke-or hazards		5										1			
1. Extinguishers missing or defective		V										1:-			
2. Sprinkler system defective		~										, -			
3. Fire doors or exits blocked		~										1			
4. Rubbish accumulation		V										1			
5. Motors running		V										1			
6. Lights left burning		1	,		-					•			LIGH+S out 05	· · · · · · · · · · · · · · · · · · ·	
Injury hazards		V									· · · · · · · · · · · · · · · · · · ·	1 -		15	
Visitors ESAL OF	tu -	200	lar or	u sil	2						1-		OHM SEPA M	Gu, au	
Trespassing		V										1	SIFE	EIO aio	
Violation of company rules		V										1	-31F/5		
Remarks 1 9 1	ne (920	.1	7.4	r Cal	200 0	0	155	- h-	0.11.	1228	10-10	ر مرزو	reso 2 me los	-0	
[55 Capt. 2	ille	-6	9'near	loud	gon Co eiter	THE	1 6	FT /6	, /z	, , , , ,					
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IMPORTANT: If you were ill or injured	d please ex	olain on t	he reverse side	of this form and	call your sup	ervisor b	efore lea	ving this pos	t.			· · · · · · · · · · · · · · · · · · ·			
1. Were you injured during this tour?			Day Shift Yes	1. Yes No	2. Yes	No	3. Swing S		Yes No	2 Yes	3 Gr	ave Shift	1. Yes No	Yes No	
2. Did you suffer any illness?			Yes (No)	Yes No	Yes	No	Yes		Yes No		No Ye			Yes No	
3. Have you reported all accidents coming	g to your atte	ention?	Ves No	Yes No	Yes	No	Yes	21	Yes No	Yes	No Ye	is) No		Yes No	
		Signatures	Day Shift	- W.	Fr. D	1	Swing	wh I		Serci	2 Gr	ave Shift	: b) - b = 1	his	
		Signatures	2. T			/.	2			7	2.	****	201101000		
		Signatures	3.				3				3.	· · · · · · · · · · · ·			